

MULTIPLE DEPT. CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>11111333000000</i>	FILING DATE							
CLAIMS														
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	-						51	-	-					
2	C	C					52	-	-					
3	-						53	-						
4	-						54	-						
5	X						55	-						
6	X						56	-						
7	-						57	-						
8	-						58	-						
9	-						59	-						
10	-						60	-						
11	-						61	-						
12	-						62	-						
13	-						63	-						
14	-						64	-						
15	-						65	-						
16	S	-					66	-						
17	-						67	-						
18	X						68	-						
19	X						69	-						
20	X						70	-						
21	-						71	-						
22	-						72	-						
23	-						73	-						
24	-						74	-						
25	-						75	-						
26	C	C					76	-						
27	-						77	-						
28	-						78	-						
29	-						79	-						
30	-						80	-						
31	-						81	-						
32	-						82	-						
33	-						83	-						
34	-						84	-						
35	-						85	-						
36	-						86	-						
37	-						87	-						
38	-						88	-						
39	-						89	-						
40	C	C					90	-						
41	-						91	-						
42	-						92	-						
43	-						93	-						
44	-						94	-						
45	-						95	-						
46	-						96	-						
47	-						97	-						
48	-						98	-						
49	-						99	-						
50	-						100	-						
TOTAL IND.			↓			↓	TOTAL IND.	7	↓			↓		
TOTAL DEP.	↔		↔			↔	TOTAL DEP.	50	↔			↔		
TOTAL CLAIMS							TOTAL CLAIMS	57						